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BOROUGH OF BILSTON

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1953

JOHN PRICE & SONS, PRINTERS, BILSTON

To the Mayor, Aldermen and Councillors of the Borough of Bilston

MR. MAYOR, MADAM AND GENTLEMEN,

I have the honour to present my Annual Report for 1953.

A. GENERAL PROVISIONS OF HEALTH SERVICES

1. SERVICES PROVIDED BY THE BOROUGH COUNCIL

Committees concerned with Health Matters

HEALTH COMMITTEE

The Mayor
Councillor O. H. Jones
Alderman Miss A. Fellows
Councillor T. W. Cornes
Councillor G. H. Evans
Councillor M. Fellows
Councillor L. J. Hammonds
Councillor A. Hazeldine
Councillor H. Marriott
Councillor A. W. Pace
Councillor J. E. Wellings
Councillor F. Wolverson
Councillor A. E. Woolley

HOUSING COMMITTEE

The Mayor
Alderman N. Bayliss, J.P., C.C.
Alderman E. W. Bold
Alderman Miss A. Fellows
Alderman C. H. Green
Alderman J. Willis Pearson
Councillor E. Beards
Councillor W. T. Cornes
Councillor G. H. Evans
Councillor M. Fellows
Councillor L. J. Hammonds
Councillor A. Hazeldine
Councillor G. Harries Jones
Councillor O. H. Jones
Councillor H. Marriott
Councillor A. W. Pace
Councillor W. H. Sandland
Councillor J. E. Wellings
Councillor F. Wolverson
Councillor A. E. Woolley

FINANCE AND GENERAL PURPOSES COMMITTEE

The Mayor
Alderman N. Bayliss, J.P., C.C.
Alderman E. W. Bold
Alderman Miss A. Fellows
Alderman C. H. Green
Alderman J. Willis Pearson
Councillor E. Beards
Councillor W. T. Cornes
Councillor G. H. Evans
Councillor M. Fellows
Councillor L. J. Hammonds
Councillor A. Hazeldine
Councillor G. Harries Jones
Councillor O. H. Jones
Councillor H. Marriott
Councillor A. W. Pace
Councillor W. H. Sandland
Councillor J. E. Wellings
Councillor F. Wolverson
Councillor A. E. Woolley

STAFF
OF THE
PUBLIC HEALTH DEPARTMENT

Whole Time Officers

MEDICAL OFFICER OF HEALTH :

*B. C. HALLER, M.A., (Cantab.), L.R.C.P.E., L.R.C.S.E., D.P.H. (Camb.)
(Resigned 8th September, 1953)

*D. A. SMYTH, M.B., B.S., D.P.H. (Dunelm), Fellow of the Society of Medical Officers of Health
(Commenced 8th September, 1953)

CHIEF SANITARY INSPECTOR AND CLEANSING SUPERINTENDENT :

*G. E. S. SHELDON, Cert. S.I.B., M.R.San.I., M.S.I.A., Certificated Meat and Food Inspector
Certificated Smoke Inspector
(Resigned 31st December, 1953)

SENIOR SANITARY INSPECTOR :

*J. R. TART, Cert. S.I.B., M.S.I.A.
Certificated Meat and Food Inspector

ADDITIONAL SANITARY INSPECTORS :

*J. W. BARBER, Cert. S.I.B.

*J. RICHARDS, Cert. S.I.B.
Certificated Meat and Food Inspector

*S. SHAVE, Cert. S.I.B.
Certificated Meat and Food Inspector
(Commenced 1st November, 1953)

CLERICAL STAFF :

HEALTH :

Miss R. P. Sheffield
Mrs. J. A. Bright (Resigned 30th June, 1953)
Miss M. Fellows (Resigned 2nd May, 1953)
E. R. Whittingham (Resigned 18th July, 1953)
B. J. Baker (Commenced 22nd June, 1953)
Miss H. Paddock (Commenced 16th November, 1953)

CLEANSING :

L. R. Littlewood (Part Time)

*Officer whose salary is contributed to under Public Health or Exchequer Grants.

DUTIES OF THE SENIOR PUBLIC HEALTH OFFICERS

Medical Officer of Health

The duties are those laid down in the Public Health Acts of 1875 and 1936. The Local Government Act 1933. The Housing Act 1936. Factories Act 1937. Food and Drugs Act 1938. Sanitary Officers (Outside London) Regulations 1935. The memorandum on the duties of Medical Officers of Health in England and Wales of the Ministry of Health 1925, and other Acts, Orders and Regulations.

In brief, these are (1) To inform himself of all matters likely to affect the health of the Borough, and to advise the Council in such matters. (2) To enquire into the cause, origin and distribution of diseases. (3) To enquire into the cause and circumstances of any outbreak of dangerous infectious diseases, and to take all necessary steps to prevent the extension thereof. (4) To direct and supervise the work of the Sanitary Inspectors. (5) If necessary, to inspect and examine any animal, or any article, unfit for human food, and if diseased or unfit, cause it to be seized and dealt with. (6) To enquire into any offensive trades carried on. (7) To inspect or cause to be inspected, all food preparing premises, and take all necessary steps to prevent any dangers to health in such premises. (8) To report to the Ministry of Health and other Ministries, as required by them from time to time. (9) To make an Annual Report on the work of the Public Health Department and the health of the district.

In addition, the Medical Officer of Health is seconded to the County Council as Assistant County Medical Officer and School Medical Officer, in order that he may carry out a large part of the child welfare work and school medical work within the Borough. This facilitates co-operation between the Local Health Authority (Staffordshire County Council) and the Local Authority, and enables the Medical Officer of Health to obtain a certain amount of direct information on the health of infants and school children.

For financial purposes, the appointment of duties is reckoned as five elevenths County Council work and six elevenths Borough work. If the total time spent on duties of the two posts is reckoned in, however, allowing for the fact that the Council's Committees meet in evenings, and that fixed school medical inspection and child welfare sessions necessarily do not occupy the whole of a morning or afternoon, the actual time given is about 30% to the County Council and 70% to the Borough. For a Borough of this size, this is probably a fair division of time.

Chief Sanitary Inspector

The duties of the Chief Sanitary Inspector are as detailed in Article 27 of the Sanitary Officers (Outside London) Regulations 1935 and the Acts referred to below *i.e.*, (1) To systematically inspect the district, and to keep himself and the Medical Officer of Health informed of the nuisances that require abatement, and of any other sanitary circumstances. (2) To periodically inspect all food preparing premises, and to inform the Medical Officer of Health of any action thought necessary. (3) To act as officer of the Local Authority under the Rats and Mice (Destruction) Act 1919 and

subsequent regulations made thereon. (4) To act as the Local Authority's inspector under the Shops Act 1934 and Pet Animals Act 1951. (5) Act as the Local Authority's Cleansing Superintendent *i.e.*, to supervise the collection and disposal of house and trade refuse. (6) Furnish the Medical Officer of Health with a tabular statement, giving the inspections made by him during the year, the notices served and the results of the service of such notices.

Senior Additional Sanitary Inspector

The Senior Sanitary Inspector acts as deputy for the Chief Sanitary Inspector, when the latter is absent from duty through illness or other causes.

All the Local Authority's services contribute towards the town's health, that being in fact their main "raison d'etre" and it is in this section I propose only to comment on the Public Health Department itself.

The Chief Sanitary Inspector, Mr. G. E. S. Sheldon, was compelled to be absent from duty throughout the year by serious illness, and for this cause resigned on the 31st December. The Senior Sanitary Inspector, Mr. J. R. Tart, acted for him throughout the year.

The main effect of this was, that there were for most of the year only three Sanitary Inspectors, one of whom was considerably occupied with office work and the supervision of the Cleansing Section. Inspection and investigation of the area has, therefore, been restricted. Nevertheless, though it has not been possible to carry out as much work as formerly, careful examination of the figures shows that the work done by each Inspector, the productivity so to speak, is greater, and a hard year's work has in fact been put in by all. The same applies to the clerical staff.

Mrs. Bright left on the 30th June for family reasons and Mr. B. J. Baker was appointed on the 22nd June. Mr. E. R. Whittingham, who in addition to being a Pupil Sanitary Inspector acted as a part time clerk, resigned on the 18th July, and the clerical work in the department had to be run by two clerks, until 16th November when Miss H. Paddock was appointed as a copy typist. The strain on the Sanitary Inspectors was eased slightly by the appointment on the 2nd November of Mr. S. Shave as an Additional Sanitary Inspector.

2. GENERAL MEDICAL SERVICES

There are fourteen general medical practitioners in Bilston, five are joined in a group practise consisting of two partnerships, one of two and one of three doctors. There is one other partnership of three and two other partnerships of two doctors. The remaining two other doctors work single handed.

3. HOSPITALS

All the services of the Birmingham Regional Hospital Board are open to the people of Bilston. The patients go mainly to the Royal Hospital, Wolverhampton, Wolverhampton and Midland Counties Eye Infirmary, New Cross Hospital, Wednesfield, Moxley Isolation Hospital and the Women's Hospital, Wolverhampton.

4. SERVICES OF THE LOCAL HEALTH AUTHORITY

School Health

There are two full time School Nurses and three part time School Medical Officers.

Since one is the Medical Officer of Health, one is a former Bilston general practitioner, and one is the wife of a present general practitioner, there is quite good liaison in this branch, between the three arms of the health service.

The School Clinic is available at the Centre Health Clinic, every morning except Saturday.

Maternal Health

There are five midwives in the district, and Ante Natal Clinics are held at the Centre Health Clinic, under the supervision of a member of the medical staff of the Wolverhampton Women's Hospital who is employed during those times by the Local Health Authority.

Child Health

There are at present two full time Health Visitors and two part time Child Welfare Officers.

Clinics are held at the Centre Health Clinic and at John Street Schools, Ettingshall, and are attended by about half the children under one year of age, and perhaps 10% of the children between one and five years of age.

Vaccination

Vaccination against smallpox is carried out by the family doctors, acting as agents of the Local Health Authority and the County Council.

Immunisation

Immunisation against diphtheria and whooping cough, is carried out by the family doctors and at the clinics. Mothers seem to find immunisation at the clinics more convenient, and it is possible that if vaccination were offered there, it would be more popular.

Home Nursing

There are two general nurses in the town.

Ambulance Service

The Local Health Authority provides a day and night ambulance service. Until the 31st October 1953, an ambulance was stationed at the rear of the Health Department. From that date on, the ambulances catering for Wednesbury, Bilston and Darlaston, were concentrated at Darlaston.

I have the impression that Bilston residents are not now so quickly served, but this may well be counterbalanced by a speedier service to other areas.

Domestic Help

The County Council provide a Home Help Service, which in my experience is quite good.

Laboratory Facilities

Bacteriological and chemical examinations are carried out by the Public Health Laboratory, Martin Street, Stafford.

Tuberculosis

The Anti Tuberculosis Clinic, Bell Street, Wolverhampton, under the charge of a Chest Physician, examines all cases referred by the doctors in the district. The Chest Physician is employed part time by the Birmingham Regional Hospital Board, and part time by the Local Health Authority.

The nursing of tuberculosis cases treated at home, is generally done by the District Nurses while enquiring into their social conditions, and their education in health matters is carried out by the Health Visitors.

Mental Health

This is carried out partly by the family doctors, as part of their general medical service, partly by the school health service, and partly by the Local Health Authority. There is an Occupation Centre at King Street, Bilston, which caters for the mental defectives of Bilston and surrounding areas. The atmosphere at this centre is excellent, and the children seem very happy.

Flagrant Mental Deficiency and Mental Disorder

This is dealt with by the services of the Birmingham Regional Hospital Board.

Of the services mentioned, Maternity and Child Welfare, Health Visiting, Home Nursing, Vaccination, Immunisation, Ambulance Service, and Domestic Help Service, and supervision of the Occupation Centre, are carried out for the County Council by an Area Health Committee, whose medical agent is the Area Medical Officer, Dr. A. H. Kynaston.

5. CARE OF THE OLD PEOPLE

There are Voluntary Committees for the care of old people in each of the three main areas of the Borough, Ettingshall, Bilston and Bradley. There is an Old People's Club in each area, and it is hoped to provide new premises for one or more of them, before the end of 1955. An old people's rest centre was provided in Bradley during 1953.

The Old People's Welfare Committee co-ordinates the voluntary work for old people in the Borough.

B. STATISTICS AND SOCIAL CONDITIONS OF THE AREA

When the villages and townships of the eighteenth century began to grow into industrial towns, there was little thought of planning for health. The houses were crammed around the factories without proper water supplies or means of waste disposal. No great objection was raised to this by the workers, since the work was then comparatively well paid, the houses were convenient to it, and they could always shut out any unpleasantness during their scanty leisure by using cheap alcohol at the nearest public house.

These conditions held in Bilston as in other towns, and though much has been done to improve them during the twentieth century, particularly since 1945, it still remains true to say that the people of Bilston are too closely packed.

The population is 33,600 and the area of the town is 1,871 acres. About a quarter of the town is given over to factories, offices, shops and work-places, leaving just under 1,400 acres for houses and playing fields, etc.

A large proportion of the population are employed at two large factories, one of which employs 5,000 persons and the other 1,000. The total number of factories in the town is 165. These can be listed as follows:

Holloware	6
Iron and Steel	20
Shoe Repairers	14
Engineering	68
Food Preparing Premises ..	14
Woodwork	8
Clothing Manufacturers	3
Enamellers	3
Undertakers	1
Goods Transport	1
Glassware	1
Printers	3
Brass Founders	4
Builders	4
Brush Manufacturers	1
Petrol Storage	1
Stonemasons	2
Laundry	1
Coal Merchants	3
Miscellaneous	7

Health, hygiene and safety measures are carried out in all the Bilston factories, the standard being highest in the very small, where a friendly atmosphere prevails, and the very large, where expense is less of a hindrance. Nevertheless, towards the end of 1953, a serious accident occurred in one large Bilston factory, as a result of inadequate care in the storage and handling of a petroleum product. Much still remains to be done in Bilston for industrial health and safety.

Action taken under Part 1 and Part 8 of the Factories Act 1937, is tabulated overleaf.

TABLE A
Part 1 of the Act

Inspections for purposes of provisions as to health.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	17	2	–	–
Factories in which Section 7 only is enforced by the Local Authority	148	21	–	–
Other Premises in which Section 7 is enforced by the Local Authority ..	19	–	–	–

TABLE B

Cases in which defects were found.

Particulars	Found	Remedied	Referred		Number of cases in which prosecutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Sanitary Conveniences insufficient..	5	5	–	4	–
Want of cleanliness	–	–	–	–	–
Overcrowding ..	–	–	–	–	–
Unreasonable Temperature	–	–	–	–	–
Inadequate Ventilation	–	–	–	–	–
Ineffective drainage of floors	–	–	–	–	–
Sanitary Conveniences unsuitable or defective	–	–	–	–	–
Not separate for sexes	–	–	–	–	–
Other Offences against the Act (not including offences relating to outwork)	2	2	–	–	–

TABLE C

Part 8 of the Act

OUTWORK
(Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of outworkers in list required by Section 110 (1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing Apparel (making, etc.)	1	–	–	–	–	–
Carding, etc. of Buttons, etc.	1	–	–	–	–	–
Cosaques, Christmas Crackers, Christmas Stockings, etc.	1	–	–	–	–	–
	3	–	–	–	–	–

Overcrowding is common, particularly in houses owned by the Council. The Housing Manager states that out of 1,623 applicants on the housing list, 1,150 are sub tenants, and cases have been brought to my notice, in which there were twenty persons, including children, in a three bedroomed house. In general, these sub tenants are related to the tenant, who feels the moral compulsion to help them out, even at the risk of breaking the law. The only solution would appear to be the production of an adequate number of houses provided by the Council or by private enterprise, and to do this, and replace the dwellings put up during the early nineteenth century, it will be necessary to build a further 2,950 houses. Although demolition of 1,800 unfit houses will provide some space towards this, it is unlikely that even so, there will be room for 2,950 adequately spaced additional houses within the present limits of the borough. It will, therefore, be necessary in the near future, to acquire building land outside the present borough boundary.

The combination of a large number of factories and numbers of closely packed houses, gives Bilston a particularly smoky atmosphere. The amount of dust deposited during 1953 in two deposit gauges, was 421.71 tons on the Hickman Park Site and 553.5 tons on the Dudley Street Site.

Hickman Park is a little north of the town centre and the factories are for the main part to the south and west of it. The prevailing wind being the west, it is not likely to get a great deal of dust carried in by the wind. The fact that it is an open space, to some extent reduces the deposit.

The Dudley Street deposit gauge is situated somewhat to the south of the town centre and is in close proximity to factories. There is a piece of waste land immediately north west of it and this may reduce the deposit slightly.

NOTES ON VITAL STATISTICS

As might be expected, the incidence of tuberculosis is high, but the tuberculosis death rate is low. The death rate from tuberculosis in Bilston, in fact approximates very closely to the general death rate.

In 1952 the infant mortality appeared to be surprisingly low. It was 28 per 1,000 live births, the same as the national rate. This figure, however, was deceptive. There were 18 deaths among 636 live births. During 1953 there were 26 deaths among 625 live births. As a result, the infant mortality is very nearly double that of 1952. These were largely deaths in very early infancy, due to premature birth or congenital defects. At present it is not known how deaths of this kind may be prevented, but the following information may be of interest.

Infant Deaths under One Year of Age

	Total	Males	Females
Legitimate	25	12	13
Illegitimate	1	1	–
Total ..	26	13	13

Infant Mortality Rate

Death Rate of infants under 1 year of age per 1,000 live births: 41.6

Infant Deaths under Four Weeks of Age

	Total	Males	Females
Legitimate	18	7	11
Illegitimate	1	1	–
Total ..	19	8	11

Neo-Natal Mortality Rate

Deaths of infants under four weeks of age per 1,000 live births: 30.4

Infant Deaths during 1953—Taken from the Death Returns

Date	Age	Sex	Cause of Death
15/ 2/53	1 day	M	1a) Prematurity (30 weeks gestation) b) Second twin.
13/ 2/53	2 weeks	M	1a) Congenital Heart Disease.
5/ 2/53	5 months	M	1a) Intussusception.
1/ 3/53	1 day	M	1a) Atelectasis.
25/ 5/53	8 hours	F	1a) Prematurity (32 weeks gestation).
8/ 5/53	1 hour	M	1a) Multiple Congenital Abnormalities.
18/ 7/53	1 week	M	1a) Pneumonia. 2) Prematurity.
11/ 7/53	1 day	F	1a) Prematurity.
2/ 9/53	4 days	F	1a) Erythroblastosis foetalis.
8/ 9/53	11 months	F	1a) Ac.encephalitis of unknown origin.
1/ 9/53	2 days	F	1a) Erythroblastosis foetalis.
3/10/53	4 months	M	1a) Broncho-pneumonia. b) Fibrocystic disease of pancreas.
19/10/53	3 days	F	1a) Prematurity.
9/10/53	5 months	M	1a) Meningococcal Meningitis.
22/12/53	1 week	F	1a) Broncho-pneumonia.
17/ 5/53	21 hours	M	1a) Prematurity (32 weeks gestation).
17/ 4/53	3 days	M	1a) Pulm.Atelectasis.
7/ 4/53	5 days	F	1a) Prematurity.
27/ 3/53	13 hours	F	1a) Atelectasis. b) Prematurity.
28/ 1/53	5 weeks	M	1a) Congenital Heart Disease.
22/ 1/53	2 days	F	1a) Neo natal intra-cranial cerebral haemorrhage. b) Bilateral partial atelectasis of lungs.
22/ 5/53	2 hours	F	1a) Prematurity.
4/ 5/53	2 weeks	F	1a) Left sided central pneumonia. b) Haemorrhage disease of the new born.
3/ 7/53	4 months	M	1a) Whooping Cough.
29/ 6/53	11 months	F	1a) Broncho Pneumonia. b) Mongolism.
19/ 9/53	17 hours	M	1a) Congenital right sided pulmonary atelectasis due to b) intra-cranial neo natal cerebral haemorrhage due to c) Parturition tear of the tentorium.

It has been suggested that the best way of measuring the importance of various causes of death, would be to assume that all of us should, if healthy, live to the age by which 90% of the population are now dead. This would be 85 years for males and 88 years for females.

Applying this to Bilston deaths, the most important causes of death appear to be in that group of diseases associated with high arterial blood pressure. The years of life lost in this group were 1,192. The next most important is cancer, and the years of life lost were 1,154. 349 of these were lost from cancer of the lung.

Excluding the heart diseases associated with or resulting from high arterial blood pressure, other heart diseases is the next most important cause, causing 795 years of life lost.

Heart disease from all causes would undoubtedy head the list, but this is to be expected, since the heart is the vital organ.

Pneumonia comes next to ordinary heart diseases, with 460 years of life lost. Tuberculosis next, with 437 years of life lost. Chronic bronchitis despite the atmosphere, is only responsible for 117 years of life lost in 1953.

Lung cancer, though not a great taker of years of life in Bilston, appears to be more common here than in the country as a whole. The rate per thousand is one and a half times that of England and Wales.

The following table shows the causes of death and gives particulars of the number of males and females dying from various diseases:

TABLE 1

Causes of Death	Males	Females	Total
Tuberculosis Respiratory	6	1	7
Tuberculosis Other	3	–	3
Syphilitic Diseases	–	–	–
Diphtheria	–	–	–
Whooping Cough	1	–	1
Meningococcal Infections	1	–	1
Acute Poliomyelitis	–	–	–
Measles	–	–	–
Other Infective and Parasitic Diseases	–	2	2
Malignant Neoplasm (Stomach)	5	4	9
Malignant Neoplasm (Lung Bronchus)	15	1	16
Malignant Neoplasm (Breast)	–	4	4
Malignant Neoplasm (Uterus)	–	4	4
Other Malignant and Lymphatic Neoplasms	27	10	37
Leukaemia, Aleukaemia	–	1	1
Diabetes	–	–	–
Vascular Lesions of Nervous System	16	19	35
Coronary Disease, Angina	18	7	25
Hypertension with Heart Disease	2	4	6
Other Heart Disease	18	17	35
Other Circulatory Diseases	8	2	10
Influenza	1	1	2
Pneumonia	4	7	11
Bronchitis	14	3	17
Other Diseases of Respiratory System	5	1	6
Ulcer of Stomach and Duodenum	3	2	5
Gastritis, Enteritis and Diarrhoea	1	1	2
Nephritis and Nephrosis	2	1	3
Hyperplasia of Prostate	1	–	1
Pregnancy, Childbirth, Abortion	–	–	–
Congenital Malformation	3	1	4
Other defined and ill-defined diseases	27	26	53
Motor Vehicle Accidents	3	2	5
All other Accidents	2	4	6
Suicide	2	1	3
Homicide and Operation of War	–	–	–
TOTAL	188	126	314

GENERAL STATISTICS OF THE AREA

Area (in acres)	1,871
Population:	
(a) 1951 Census	33,464
(b) Registrar General's Estimate for mid-year 1953	33,600
Population density per acre	17.9
Rateable Value of District at 1.4.53 ..	£153,834
General Rate (1953-54)	21s. 6d.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1953

Births

Live Births	**Total**	**Males**	**Females**
Legitimate	599	315	284
Illegitimate	26	15	11
Total ..	625	330	295

Birth Rate per 1,000 population : 18.6
Comparability Factor for Births : 0.97
Corrected Birth Rate : 18.04

Still Births	**Total**	**Males**	**Females**
Legitimate	15	7	8
Illegitimate	1	1	–
Total ..	16	8	8

Still Birth Rate per 1,000 total births : 24.96
Still Birth Rate per 1,000 population : 0.47

Deaths

	Total	**Males**	**Females**
Deaths (All causes)	314	188	126

Crude Death Rate per 1,000 population : 9.34
Comparability Factor for Deaths : 1.30
Corrected Death Rate : 12.14

Population

The population of Bilston at mid-year 1953 as estimated by the Registrar General was 33,600, an increase of 130 compared with the mid-year estimate of 33,470 for 1952. The excess of births over deaths for 1953 was 311.

Births

During 1953 there were 625 live births, 330 of which were male and 295 female. Of these, illegitimate births numbered 15 male and 11 female, and were 4.1% of the total births.

The birth rate per 1,000 population was 18.6 compared with rates of 19.00 in 1952 and 17.70 for 1951. The comparability factor for births is 0.97, this gives a corrected or standardised birth rate of 18.4

There were 16 still births in 1953 of which 8 were male and 8 female, a percentage of 2.5 of the total births compared with 2.45 in 1952. The still birth rate expressed per 1,000 total births was 24.96 compared with 24.54 in 1952 and calculated per 1,000 of the population was 0.47. The corresponding rate for England and Wales per 1,000 of the population was 0.35 and that for the smaller towns 0.34.

Deaths

There were 314 deaths in 1953, of which 188 were male and 126 female. The death rate was 9.34 per 1,000 population compared with rates of 10.85 and 11.19 for 1952 and 1951 respectively. Applying the comparability factor of 1.30 for deaths to this crude death rate, a standardised or corrected death rate of 12.14 is obtained.

Deaths from Certain Causes

The following table shows the number of deaths from certain causes during the year.

	1953
Cardio-Vascular Diseases	76
Vascular Lesions of the Nervous System	35
Cancer	70
Bronchitis	17
Influenza	2
Pneumonia	11
Pulmonary Tuberculosis	7

Diseases of the Heart and Bloodvessels

Diseases of the heart and bloodvessels together accounted for 111 deaths, 35.35% of the total deaths.

Cancer

Cancer caused 70 deaths compared with 59 in the preceding year. Cancer of the lung caused 16 deaths compared with 9 in 1952.

C. INFECTIOUS DISEASES AND OTHER PREVENTABLE DISEASES

TABLE 2
BIRTH RATES, DEATH RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY AND CASE RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1953

Provisional figures based on Weekly and Quarterly Returns.

	Bilston	England and Wales	160 Smaller Towns (Resident) Population 25,000—50,000 at 1951 Census
Rates per 1,000 Civilian Population			
Births			
Live Births	18.6	15.5	15.7
Still Births	0.47	0.35	0.34
Deaths			
All Causes	9.34	11.4	11.3
Typhoid and Paratyphoid	0.00	0.00	0.00
Whooping Cough	0.03	0.01	0.00
Diphtheria	0.00	0.00	0.00
Tuberculosis	0.29	0.20	0.19
Influenza	0.05	0.16	0.17
Smallpox	0.00	0.00	0.00
Acute Poliomyelitis (including Polioencephalitis)	0.00	0.01	0.01
Pneumonia	0.32	0.55	0.52
Notifications (corrected)			
Typhoid Fever	0.00	0.00	0.00
Paratyphoid Fever	0.00	0.01	0.01
Meningococcal Infection	0.03	0.03	0.03
Scarlet Fever	1.1	1.39	1.44
Whooping Cough	2.2	3.58	3.38
Diphtheria	0.00	0.01	0.01
Erysipelas	0.00	0.14	0.13
Smallpox	0.00	0.00	0.00
Measles	13.66	12.36	12.32
Pneumonia	1.84	0.84	0.76
Acute Poliomyelitis (including Polioencephalitis)	–	–	–
Paralytic	0.00	0.07	0.06
Non-Paralytic	0.03	0.04	0.04
Food Poisoning	0.06	0.24	0.24
Puerperal Pyrexia	1.56a	18.23a	12.46a
Deaths	Rates per 1,000 live births		
All causes under one year of age	4.16%	2.68%b	2.43%
Enteritis and Diarrhoea under two years of age	Nil	.11%	.09%

Maternal Mortality in England and Wales
Rates per 1,000 total (Live and Still) Births

(a) per 1,000 total (live and still) births
(b) per 1,000 related live births
A dash (–) signifies that there were no deaths or cases

TABLE 3

The number of cases of infectious diseases notified during the year, are shown below in tabular form.

Disease	Total cases notified	Total cases confirmed	Cases admitted to hospital	Deaths
Scarlet Fever	38	38	26	–
Whooping Cough	74	74	7	1
Acute Anterior Poliomyelitis	4	1	4	–
Measles	459	459	7	–
Diphtheria	3	–	3	–
Pneumonia	61	62	8	11
Dysentery	–	–	–	–
Smallpox	–	–	–	–
Cerebro-spinal Fever ..	1	1	1	1
Puerperal Pyrexia	1	1	–	–
Ophthalmia Neonatorum ..	3	3	1	–
Erysipelas	–	–	–	–
Paratyphoid	–	–	–	–
Enteric or Typhoid Fever ..	–	–	–	–
Food Poisoning	5	2	–	–

Total cases confirmed 641
Total cases confirmed during 1952 543

The number of visits to cases of infectious diseases during the year was 76. 20 by myself and 56 by the Sanitary Inspectors.

It is my belief that all deaths between the ages of one and sixty-five are preventable, though the exact means of prevention are not yet known in all cases. If all those who were born in 1888 and since had lived, the population of Bilston would have been 44,695, even without those aged sixty-six and over. Had the present Bilston death rates prevailed throughout the period 1888 to 1953, the population aged sixty-five and under would have been 40,000, but this still leaves a large amount of preventable fatal diseases.

Whooping Cough

There was a minor epidemic of whooping cough during 1952, which appeared to burn out during the summer. Generally, whooping cough occurs in two year waves, and another epidemic is not likely before the third quarter of 1954.

It was, therefore, extremely fortunate that during the last quarter of 1953, the Local Health Authority, Staffordshire County Council, began to offer free immunisation against whooping cough. The response to the offer was good, and I have every hope that the 1954–55 epidemic will be small, if not abortive.

Diphtheria

There were no confirmed cases of diphtheria during the year, but I fear that this was due to natural immunity as a result of the outbreaks during the past few years, rather than to artificial immunity as a result of immunisation.

The Area Medical Officer advises me that the number of children under twelve months, immunised during 1953, was 79. The number of children between one and five, immunised during the year, was 95, and at the end of the year only 961 of the total child population under five, which was approximately 2,600, were immunised. The chances of an outbreak, therefore, if an adult carrier should come into contact with numbers of young children, as might happen for instance in an infants school, are considerable.

Smallpox

The number of children vaccinated during the year was about 70. It is fortunate in this case also, the smallpox outbreak of 1947 has conferred on the population a higher degree of natural immunity. The main risk is to the children born since 1947, and unless any cases of smallpox entering the district are recognised at once, the chances of infection of these children are very great.

Scarlet Fever

There was a slight increase in cases of scarlet fever during 1953, but I do not regard this increase as significant.

Anterior Poliomyelitis

4 cases of anterior poliomyelitis were notified, but only 1 was confirmed in hospital. In none of these four cases was it possible to obtain a history of previous contact with persons suffering from the disease in the recent past.

Measles

It was an epidemic year for measles, but only 7 cases were admitted to hospital and there were no deaths.

Tuberculosis

There were 311 cases of pulmonary tuberculosis on the register at the end of 1953. 184 males and 127 females. There were 46 cases of non-pulmonary tuberculosis. 19 males and 27 females.

59 new cases of tuberculosis were notified in 1953, compared with 67 in 1952. 4 of the cases being non-pulmonary.

There were 7 deaths from pulmonary tuberculosis and 3 from non-pulmonary tuberculosis.

As with lung cancer, the death rate is considerably higher than that for England and Wales, being .29 per 1,000, compared with England and Wales rate of .2 per 1,000.

TABLE 4

Tuberculosis Statistics—Number on Register at 31st December, 1953

		Males	Females	Total
Pulmonary	Under 1 year	–	–	–
	1 to 5 years	5	1	6
	6 to 15 years	11	8	19
	16 to 25 years	38	52	90
	26 to 45 years	78	50	128
	46 to 65 years	46	13	59
	Over 65 years	6	3	9
	Total all ages	184	127	311
Non-Pulmonary	Under 1 year	–	–	–
	1 to 5 years	4	3	7
	6 to 15 years	1	4	5
	16 to 25 years	10	7	17
	26 to 45 years	2	12	14
	46 to 65 years	–	1	1
	Over 65 years	2	–	2
	Total all ages	19	27	46
	Pulmonary all ages	184	127	311
	Non-pulmonary all ages	19	27	46
	GRAND TOTAL	203	154	357

A survey by the Wolverhampton Mass X-ray Unit was begun in November, 1953, although this was not completed until the end of January, including surveys at three large factories, and a public survey at the Centre Health Clinic. The full report of the Medical Director is given below.

"**ADULTS** (including public sessions and organised sessions of factory, shop and office groups).

	Males	Females	Total
Number X-rayed	3,463	3,135	6,598
Number recalled for large film examination	155	124	279
Recall rate	4.5%	3.9%	4.2%
Number examined by Medical Director	58	56	114

ABNORMALITIES—MALES

TUBERCULOSIS

Active, post primary	10	=	2.9 per thousand
Inactive post primary	43	=	12.4 per thousand
Inactive primary lesions ..	6		

OTHER ABNORMALITIES

Congenital abnormality of bony thorax	1
Chronic bronchitis	7
Lobar pneumonia	1
Broncho-pneumonia	2
Bronchiectasis	4
Post pneumonic fibrosis	1
Pneumoconiosis	8
Basal fibrosis and pleural thickening	10
Non-tuberculous pleural effusion	1
Bronchial carcinoma	1
Acquired cardio-vascular lesions	4
Miscellaneous (including acquired condition of ribs, abnormalities of diaphragm, etc.)	7
Referred for further investigation and on whom a final diagnosis has not yet been reached	2

ABNORMALITIES—FEMALES

TUBERCULOSIS

Active post primary	18	=	6.1 per thousand
Tuberculous pleural effusion ..	1		
Inactive post primary ..	29	=	92 per thousand
Inactive primary lesions ..	9		

OTHER ABNORMALITIES

Congenital abnormalities of bony thorax	4
Chronic bronchitis	2
Broncho-pneumonia	2
Bronchiectasis	3
Post-pneumonic fibrosis	2
Pneumoconiosis with super-added tuberculosis	1
Pleural thickening	5
Acquired cardio-vascular lesions	8
Miscellaneous	7
Referred for further investigation and on whom a final diagnosis has not yet been reached	2

SCHOOL CHILDREN

	Boys	Girls	Total
Number X-rayed	1,114	1,328	2,442
Recalled for large film examination ..	40	42	82
Recall rate	3.6%	3.2%	3.4%
Number examined by Medical Director	6	15	21

ABNORMALITIES—BOYS

TUBERCULOSIS

Inactive primary lesions	8

OTHER ABNORMALITIES

Bronchiectasis	2
Non-tuberculous pleural effusion	1
Congenital heart disease	1
Miscellaneous	3

ABNORMALITIES—GIRLS

TUBERCULOSIS

Active, post primary	1
Active primary	3
Inactive post primary	1
Inactive primary	10

OTHER ABNORMALITIES

Congenital abnormality of bony thorax	1
Bronchiectasis	3
Pleural thickening	1
Acquired cardio-vascular lesion	1
Miscellaneous	2

SUMMARY OF NUMBER OF EXAMINATIONS CARRIED OUT AT EACH LOCATION

	Males	Females	Total
Factory	1,335	896	2,231
Centre Health Clinic, Public Survey			
Adults	1,161	1,649	2,810
School Children	1,114	1,328	2,442
Factory	90	179	269
Factories	465	294	759
Factory	412	117	529
	4,577	4,463	9,040

RESULT OF SURVEY AT A FACTORY IN BILSTON NOVEMBER, 1953

	Males	Females	Total
Number X-rayed	1,335	896	2,231
Number recalled for large film examination	62	39	101
Recall rate	4.6%	4.3%	4.5%
Number examined by Medical Director	28	20	48

ABNORMALITIES—MALES

TUBERCULOSIS

Active, post primary lesions	7	=	5.2 per thousand
Inactive, post primary lesions ..	20	=	15.7 per thousand
Inactive primary lesions	1		

OTHER ABNORMALITIES

Congenital abnormality of bony thorax	1
Chronic bronchitis	2
Bronchiectasis	3
Basal fibrosis	1
Pleural thickening	3
Pneumoconiosis	2
Acquired heart disease	3
Miscellaneous (including acquired condition of ribs, etc.)	2

ABNORMALITIES—FEMALES

TUBERCULOSIS

Active post primary lesions	6	=	6.7 per thousand
Inactive, post primary lesions ..	10	=	13.4 per thousand
Inactive primary lesions	2		

OTHER ABNORMALITIES

Congenital abnormality of bony thorax	2
Bronchiectasis	1
Post-pneumonic fibrosis	2
Acquired heart disease	2

Total rate of active tuberculosis = 5.8 per thousand.

The Medical Director's comments are:—

Over 6½ thousand persons came forward for X-ray and the recall rate of 4.2% was average.

The rate of active pulmonary tuberculosis was lower than the national average in males, but higher among the females. The overall rate of 4.4 per thousand is just a little higher than normal. Thirteen of these cases were employed at a factory. The other findings were about average, although there were, perhaps, rather more cases of rheumatic heart disease than is usually found. The female patient with pneumoconiosis was an enamel worker, and it was interesting to note that she had only been at risk for four years until 1952.

In addition to the adults already mentioned, 2,442 school children were X-rayed and four cases of active tuberculosis found. One of these was from a Senior School, where several girls with active lesions had previously been found.

135 patients were examined clinically, and in all cases where any significant lesion was detected, a note of the findings and the action considered advisable was sent to the general practitioner concerned. All persons recalled for large film examination were informed of the result."

DEATHS FROM VIOLENT CAUSES

There were 14 deaths from violent causes, 5 of which were due to motor vehicle accidents and 6 to other accidents and 3 due to suicide.

Accidents

The toll of life, limb and skin, from accidents on the road, in factories and workplaces, and at home, remains heavy.

Reference has been made to a fatal accident due to ignition of a petroleum product in a factory. In the deaths from accident, are also included two deaths of women over sixty, whose clothes caught fire from an unguarded open fire. These accidents are almost always due to lack of care and are eminently preventable.

Suicide

This form of death is undoubtedly preventable, but preventive mental health measures are at present carried out mainly by County Services and the family doctors.

D. HOUSING

120 houses were closed or demolished during 1953. In the majority of cases, this was subsequent to purchase by the Corporation. 380 were built by the Council during 1953, and 38 by private builders. The number of permanent dwellings provided by the Council and private builders since the war, at the 31st December, 1953 was 1,742. In addition, the Council had in previous years erected 100 prefabricated temporary dwellings, and made 31 conversions and adaptations to other premises, making a total of 1,873 dwellings provided since the war, at the 31st December, 1953.

Rehousing under a points scheme was started in October, 1953. Apart from a waiting period of two years from the date of the first application, and the small number of points for residents in Bilston, and the sub-tenant's period of waiting without a house, the points are given on health grounds. The points are as follows:—

(1) Unhealthy houses. 1 to 5 points, at the discretion of the Medical Officer of Health. Plus $\frac{1}{2}$ point for each year therein.
(2) Lack of facilities, of water supply, etc.
(3) Residents in Bilston. $\frac{1}{2}$ point for each year, up to 5 points.
(4) Bedroom deficiency.
(5) Overcrowding.
(6) Sub-tenants period of waiting without a house.
(7) General health of relatives—1 to 5 points, at the discretion of the Medical Officer of Health.
(8) Reserve points. Cases of special hardship 1 to 5 points. General health 1 to 5 additional points, at the discretion of the Medical Officer of Health.

This scheme appears eminently fair and just, and it might be supposed that it would help to speed up the rehousing of dwellers in unhealthy houses. This does not, however, follow. Many of the people in these houses do not realise they are required to apply for rehousing. The effect of the waiting period which was instituted to prevent unscrupulous applicants jumping the queue, by moving into unhealthy houses which the owner or agent had refused to close, is to outweigh the points for the unhealthy house and its lack of facilities. Even where a Demolition Order has been placed on the house, the tenant may sometimes be ignored unless he makes an application for rehousing.

There were at the 31st December, 1953, 43 Demolition Orders outstanding. Quite apart from this, there are difficulties in the way of closing unfit houses as the tenant's turn comes up under the points scheme. Many of these tenants, when offered a new house at a high rent, feel that their circumstances now make it impossible to accept. As a result, it becomes impossible for the Housing Manager to forecast which houses will be vacated in two or three months time, and he is not generally able to give sufficient warning for procedure to be taken under Part 2 of the Housing Act, 1936. Despite the many disadvantages, it does seem that adequate slum clearance can only be made by compulsory purchase of clearance areas under the Housing Act, 1936 and the Housing Rent and Repairs Bill, 1954, as and when the latter receives the royal assent.

The nine worst areas, containing 1,527 houses, were declared clearance areas by the Council in 1946, and the majority of the houses demolished since, have been in these areas, subsequent to purchase by agreement. From 1946 to the 31st December, 1953, 469 houses had been demolished or closed by the owners. 1,179 houses remained in the clearance areas mentioned above. In addition, there were 509 other houses which could be dealt with as clearance areas, and 98 more which could be dealt with as individual unfit houses. All the houses remaining in the declared clearance areas at the end of 1954, say 1,100, and the majority of the 98 individual unfit houses, could be dealt with under a five year programme of clearance, demolitions and redevelopment. It should also be possible to deal with the worst cases of overcrowding during the same period.

It is not at present, possible to give an accurate estimate of the number of overcrowded families. The number of sub-tenants who feel in need of a home of their own, as shown by applications for council houses, is 1,150, but not all of these families are grossly overcrowded. My impression is that about 350 families are living in conditions of serious overcrowding, and that the application of the points scheme concurrently with a scheme of slum clearance, would ensure rehousing for them within five years.

The Housing Department has a trained lady welfare worker, who tries to visit and advise all tenants. She is able to make about 150 visits a month, and this is sufficient to cover the needs of the minority of tenants who are so unaccustomed to a modern house, as to find its care and upkeep difficult. It is not possible, however, for her to visit every one of the 4,000 odd tenants during the year, and explain the dangers to health of overcrowding, the right way to use slow combustion fires, the dangers of accidents in the home, the necessity for care and cleanliness of food, and so on. Advice of this nature would contribute greatly to the health of the town, but there is not sufficient staff in the Health Department, Housing Department, or any service of the Local Health Authority, to carry it out. When finance permits, the appointment of a Welfare Officer of this nature would pay handsome dividends.

E. SANITARY CIRCUMSTANCES OF THE AREA

Water

The quality of the water supplied is satisfactory. Chlorination is practised at the two sources of supply. During the year 27 samples of water were taken, 7 of which were chemically analysed and 20 were bacteriologically tested. All results were satisfactory and the following are typical examples of the bacteriological and chemical analyses.

	Water from Coton Road Reservoir, Wolverhampton
pH Value	7.1
	Parts per 100,000
Total Solid Matter Dried at 212°F.	37.0
Free and Saline Ammonia	0.0018
Albuminoid	0.0044
Nitric Nitrogen	0.75
Chlorine present as Chloride	2.20
Oxygen absorbed in 4 hours at 80°F.	Nil
Appearance	No colour
Injurious Metallic Contamination	Nil
Total Hardness	16.1°
Permanent Hardness	11.6°
Temporary Hardness	4.5°

This water is chemically of satisfactory quality.

Water
Bacteriological Examination Report

Nature of Sample : Source : Deep Well—Main piped supply—Bilston Water Undertaking.
Sample taken from :—
Reservoir at Coton Road, Wolverhampton.

Date and hour of collection : 5.5.53 12.00 noon.

Date and hour of arrival : 5.5.53 2.30 p.m.

REPORT Date of Report 7th May, 1953

Plate Count. Yeastrel agar 2 days 37°C. aerobically.....NIL. .....per ml.

Probable number of coliform bacilli, MacConkey 2 days, 37°C..... Nil per 100 ml.

Probable number of faecal coli .....NIL. .....per 100 ml.

Other Examinations.

The number of houses supplied	9,274
The number with water within the house ..	7,263
The number with standpipe in the yard ..	2,011

I am indebted to the Borough Surveyor, Mr. A. F. B. Sidwick, for the following information—

"The Corporation owns and operates its own undertaking. The statutory limits of supply are about 12,000 acres comprising the Borough of Bilston, part of the Urban District of Coseley and part of the Rural District of Seisdon.

Water is obtained from two sources of supply (a) deep wells and a borehole at the Bratch, Wombourn, and (b) a borehole at Tomhill, Bobbington, both in the Rural District of Seisdon.

The supply to Bilston and Coseley is pumped from source to two covered concrete service reservoirs at Coton Road, Goldthorn Hill, having a combined effective capacity of 1,590,000 gallons, and thence by gravitation to Bilston and Coseley.

The estimated population supplied in Bilston and Coseley is 45,915 and in the Seisdon District 4,902, a total of 50,817.

The average daily consumption for all purposes in the whole area of supply during the year was 2,483,038 gallons. In the Bilston and Coseley area the average daily consumption was 1,124,320 gallons or 24.48 gallons per head per day for domestic supplies and 1,065,936 gallons per day or 23.21 gallons per head per day for trade supplies.

The Corporation has under consideration a scheme for the development of the Tomhill source of supply and the provision of additional storage capacity to meet the increasing domestic and industrial requirements for water."

Sewage

The sewage works operated by the borough, is not completely adequate, but no danger to health has arisen from it so far.

The Borough Surveyor supplies the following information:—

"The sewage disposal works occupy an area of 43 acres at The Lunt, Bilston, and deal with the flow of sewage from the whole of the Borough, together with 1,663 acres of the northern part of Coseley Urban District, and also parts of the adjoining areas of Wolverhampton, Willenhall and Darlaston, a total of 3,588 acres.

The system of disposal is precipitation followed by continuing filtration; the sludge from the tanks gravitates to a well from which it is pumped to lagoons.

The disposal works were first constructed in 1905 to deal with a daily dry weather flow of 517,000 gallons. They were extended in 1924 and again in 1929 to deal with a daily dry flow of 1,379,000 gallons.

The dry weather flow exceeds 1,500,000 gallons a day and a scheme is under consideration for improvements and extensions to the works to bring them up to date for present requirements, and for a future estimated dry weather flow of 1,700,000 gallons a day."

Drains and Water Closets

1,295 choked drains and water closets were cleansed by the Health Department staff. 1,148 as a result of complaints by the occupants of the houses concerned. 147 as a result of inspections.

Public Conveniences

These are adequate in number but not in facilities. It is a matter of great regret to me, that as a result of the vandalism of a minority of users, the premises adjoining the Market are constantly in a poor state of repair, and that as a result, the Council cannot risk providing facilities for hand washing in any convenience.

One of my medical colleagues suggested recently, that a charge for admission should be made, and that those who wash their hands should get their money back. Though the suggestion may seem extraordinary, it does seem the only way of ensuring the necessary cleanliness.

The tabular statement of the Acting Chief Sanitary Inspector is as follows:—

(a) INSPECTIONS

Nature of Inspection	1st Inspections	Re-inspections	Total
Dwelling Houses			
Routine	571	404	975
Complaints	373	205	578
Overcrowding	1	–	1
Dirty Conditions	13	4	17
Rodent Infestation	186	758	944
Disinfestation	293	–	293
Food Premises and Food			
Street Food Vendors	1	–	1
Food Stalls and Carts	14	1	15
Bakehouses	7	–	7
Ice Cream Manufacturers	1	–	1
Ice Cream Retailers	53	2	55
Slaughterhouses	661	–	661
Fried Fish Shops	6	–	6
Meat Stalls	88	–	88
Other Food Stalls	96	–	96
Visits to Market	36	–	36
Meat and Food Shops	92	3	95
Ice Stores	3	–	3
Cafes and Restaurants	33	4	37
Works Canteens	2	–	2
Public Houses	21	1	22
Milk Dealers	114	–	114
Other Food Premises	61	3	64
Inspections re condemned food	2	–	2
Private or emergency slaughter	1	–	1

Nature of Inspection	1st Inspections	Re-inspections	Total
Other Premises			
Tents, Vans and Sheds	122	119	241
Common Lodging Houses	1	–	1
Factories	21	2	23
Workplaces	3	–	3
Cinemas and Theatres	8	2	10
Stables	2	–	2
Inspections of premises re nuisances from pigs, fowl, etc.	17	–	17
Inspection of premises re offensive accumulations	29	4	33
Marine Stores	1	–	1
Inspections under the Pet Animals Act	9	–	9
Other Inspections			
Inspection of shops re rodent infestation	29	95	124
Inspection of Sewers	11	–	11
Inspection of Street Gullies	2	–	2
Inspection of Sewers re rat infestation	444	636	1,080
Miscellaneous Visits	781	3	784
Smoke Observations	168	1	169
TOTALS	4,377	2,247	6,624

(b) NOTICES

Informal Notices Issued		194
Statutory Notices—Section 92–93 Public Health Act 1936	Issued 73 Complied 38 Justices Order 1	
Outstanding Statutory Notices for 1952		41
Complied during 1953		32
Outstanding Statutory Notices at 31st December, 1953		43

(c) IMPROVEMENTS MADE AS A RESULT OF THE SERVICE OF INFORMAL OR STATUTORY NOTICES

Dwelling Houses

Internal

Ventilation Improved	3
New Windows provided	1
Window Cords renewed	80
Dampness in Walls remedied	36
Plaster of Walls repaired	78

Plaster of Ceilings repaired	67
Floors repaired	34
New Fireplaces provided	5
Old Fireplaces repaired	9
Doors repaired	8
Old Windows repaired	55
Ovens repaired	2
Back Boilers repaired	1

Staircases

Steps repaired or provided	4
Plaster of Walls repaired	2
Plaster of Ceilings repaired	1

Sculleries and Wash-houses

Wash Coppers repaired	5
New Sinks provided	1
Waste Pipes repaired	3
Old Sinks repaired	3
Waste Pipes repaired or renewed	2
Wash Coppers provided	2
Doors repaired	4
Floors repaired	1
Roofs repaired	7
Walls repaired	5

Cellars

Flooding abated	4

External

Roofs repaired	108
Eaves Spouts provided or repaired	47
Down Spouts provided or repaired	13
Walls repaired or repointed	44
Chimney Stacks repaired or repointed	31
Doors repaired	2
Down Spouts disconnected from drain	1
Yard Paving or Surfaces repaired	3
Houses cleansed, limewashed or re-decorated	1

Outbuildings

Water Closets	15
Walls repaired or repointed	3
Doors repaired	5
New Cisterns fixed or repaired	19
New Pedestals and Seats provided or repaired	22
Walls Limewashed	1
Water Supply provided	6
Flush Pipes repaired	4

Coal Stores

Doors repaired	1

Drains

Repaired or relaid	47
Cleansed	11
Ventilation Pipes repaired	1
Inspection Chambers built or repaired	14
Self cleansing gullies provided	2
Under house abolished	2

Offensive Accumulations

Removed	5

Animals kept as a Nuisance

Removal	1

Tents, Vans and Sheds

Vans removed	59

Factories

Additional Conveniences provided	1

Food Preparing Premises

Cleansed	1
Hot and cold water provided	1
Other improvements	5

Cinemas and Theatres

Improvements	26

Disinfestation

44 houses were disinfested and 71 re-inspections were made of these houses. Treatment was by fumigant smoke or insecticide sprays. In addition, the majority of tenants from old property, had their furniture and effects treated by HCN gas, and the bedding sterilised by steam in the steam disinfector. There were 445 removals, and the effects were treated in 392 of these.

Shops Act

18 visits were made to shops other than food shops, in connection with the Shops Act.

Rodent Control

The number of complaints received during the year was 172, 23 more than last year. The number of inspections made for the purposes of treatment was 944 of domestic premises and 124 of shops and business premises. In addition, sewer treatment was carried out in accordance with the instructions of the Ministry of Agriculture and Fisheries, necessitating 1,080 visits and inspections.

	1st	2nd
Number of manholes in system	929	929
Number of manholes treated..	133	311
Number of manholes showing infestation ..	44	52
Number of manholes showing complete pre-bait take	Nil	Nil
Actual bodies seen	33	51
Estimated kill	112	187
Dates of treatments	July	November

CLEANSING

The Acting Cleansing Superintendent (Mr. J. R. TART, M.S.I.A.) reports as follows :—

"PUBLIC CLEANSING

(PERIOD 1st April, 1953 to 31st March, 1954)

REFUSE COLLECTION

A perusal of past reports reveals that in almost every case the service has been maintained with difficulty, and the period under review is no exception. It is a service which the general public gives little thought to whilst its refuse is regularly removed, but once things get a little behind, the public is ever ready to demand that things be put to rights immediately. Now this attitude is understandable, and the ratepayer has a right to the efficient performance of a service for which he pays a share, but those of us whose duty it is to ensure the regular removal of some 12,000 tons of highly offensive material per annum from the dwellings of this town, to transport it to a point or points where it may be rendered innocuous, and proof against the rat, the fly, the small boy, and the collector of unconsidered trifles, the ever ready complaint comes very hard. This is particularly so after a Bank Holiday or a spell of hard weather, when harassed gangers and men are doing their best to make up for lost time, often without a full complement to their team. A bin not collected till it overflows is not only heavier, but needs a "clean up" if the overflow is not placed in another container, and needs at least two trips from kerb to bin. More time is needed but cannot be afforded, or there will be a "snowballing" effect and the pick up will increase in weight and difficulty in a direct proportion to the number of days collection is overdue.

We cannot claim a weekly collection this year, but great credit must be given to the men for their unremitting and cheerful efforts to catch up, to keep going in the absence, through sickness or holidays of their team mates, to make up time due to vehicle breakdowns, bad weather and the fact that as new houses go up, though old ones come down, their work becomes more arduous. This latter fact is due to the new houses each having a bin, where many of the old ones shared, and to the longer carry in the new houses. In the old houses the trip up the entry to a stand of up to ten bins, was easy by comparison with the trip on a Council Estate or private building site, where to collect ten bins, ten front gates and sometimes side gates too, have to be opened, awkward paths, often with steps, have to be navigated, and after that the pet dog to be won over. Rain, hail or shine, this goes on, and it is my wish that the public appreciate it, for handling refuse is not as pleasant as delivering the mail or milk.

The system of collection has been by the use of three gangs with two Shelvoke and Drewry side loading vehicles and one Shelvoke and Drewry fore and aft tipper. It was found necessary to use a 7 cubic yard Morris side loader and team, as a rescue outfit to help out any of the three gangs with larger vehicles as they fell behind schedule. The Morris was replaced by a Karrier vehicle of similar capacity in January, 1953, and this vehicle is giving excellent service. Salvage is collected in trailers behind the vehicles as heretofore. The incorporation of this highly manoeuverable vehicle into a fourth round in the central area is under consideration.

Collection figures are given below:—

TABLE 1

HOUSE REFUSE—DRY

Receptacles Emptied	Loads Removed	Estimated Tonnage
373,392	3,345	12,710

TABLE 2

MISCELLANEOUS REFUSE REMOVED

Covering for Tips		Trade Refuse		Waste Paper		Kitchen Waste		Condemned Food		Misc.		Total	
Lds.	Tns.	Lds.	Tns.	Lds.	Tns.	Lds.	Tns.	Lds.	Tns.	Lds.	Tns.	Lds.	Tns.
150	300	4½	3½	767	163½	246	359½	101	39¼	–	–	1268½	865¾

Salvage

Paper is collected from householders when put out separately, and placed in trailers. The bulk of the paper is collected with the use of the Pool Commer vehicle from premises which are known to produce a good yield.

Kitchen waste is collected from canteens, schools and domestic premises, and conveyed to a processing plant operated by Wolverhampton Corporation, and payment is made to this authority by Wolverhampton. Much criticism as to cost and the efficiency of this service falls to our lot, but it should be borne in mind that our primary object is to remove offensive matters and render them inoffensive. Kitchen waste is highly putrescible, and if not collected separately would go in the bins and make even more foul the refuse therein, and increase its liquid content, accelerate corrosion, and give more trouble at the tip. With the present system some use is made of the waste, and these nuisances avoided. It must be understood, however, that the Department is well aware of the necessity to strive to make this service pay its way, but I hope it will be realised in this connection and also in all other aspects of the cleansing service, that constant attention from the Cleansing Superintendent is necessary, and the present shortage of Sanitary Inspectors renders the proper performance of my cleansing duties somewhat difficult. Were it not for the solid foundation laid down by Mr. Sheldon, my predecessor, and the co-operation of Mr. Maskill and everyone in the Cleansing Department, the position would probably be less satisfactory than it is to-day.

Collection figures are given below:—

TABLE 3

MATERIALS	1953–54			1952–53		
	Weight		Value	Weight		Value
	Tons	Cwts.	£	Tons	Cwts.	£
Paper	160	15	1175	149	17	1227
Kitchen Waste	360	3	1478	307	15	1125
Metals	—	3	6	105	12	494
			2659			2846

REFUSE DISPOSAL

Disposal by means of controlled tipping has been practised in Bilston for many years and this system of disposal continues, as that most satisfactory for an area of this character. The physical character of the area, however, is changing, the many acres of derelict land, spoil banks and hideous remains of vanished industry are fast disappearing. It is now difficult to hide away a tip. Housing is claiming the land and some is reverting to a more tidily conducted industry, so that now we must tip under the public eye, a public more jealous of its amenities, and conscious of threats to its health and convenience, than possibly was the case hitherto. In consequence there must be more emphasis on the control of the tip. In this respect may be mentioned the small, but disastrous out of proportion to its size, section of the community, which without regard to rights of

property or well being of its fellows, insists on invading tips after working hours, removing covering material and scavenging for odd bits of metal and wood. School children too seem to delight in interfering and lighting fires which may take days to quench. The co-operation of the police in warning offenders and reporting cases to the Department, has been of considerable help.

Two tips have been in use during the year, firstly Loxdale tip, and latterly and to the present day, Dudley Street tip.

It was found necessary to move from Loxdale in June, 1953, due to the fact that we were commencing to encroach upon the Sewage Works sludge lagoons, and that we were approaching the Borough boundary with Darlaston and a housing estate in that authority's area. In summer time with the higher vegetable content of refuse, and the activities of various types of fly, a tip is most difficult to control. At Loxdale where the cost of adequate fencing was prohibitive, it became almost impossible to control. This was mainly due to the activities of persons who descended in considerable numbers after hours, some even equipped with transport and shovels. These persons in their burrowing through the covering of the tip in search of odd things of value to them, completely nullified the efforts of the angledozer driver to keep the refuse covered. A tidy appearance of the tip was impossible, as loads of refuse of all types were delivered by lorries from miles around, on Saturday afternoons and Sundays.

A greater measure of control is possible at Dudley Street, and complaints are few by comparison.

The question of availability of tipping land for the future is one of which intrudes itself. I do not favour complete incineration as an alternative to tipping, as the incombustible proportion of refuse can be very high and this has, of course, to be tipped. A complete separation plant with incineration of tailings could be satisfactory but costly. A possibility would be the conveyance of refuse to a tip outside the area, with its attendant transport costs. This is practised by a neighbouring authority. As the long term aspect of refuse disposal is at this time under consideration, I will not comment further at this stage.

Details of refuse disposal are as follows:—

TABLE 4

LUNT AND DUDLEY STREET TIP

	Cleansing Department		Tradespeople and Others		TOTAL	
	Loads	Tons	Loads	Tons	Loads	Tons
House Refuse—Dry ..	3,345	12,710	—	—	3,345	12,185
Trade Refuse	4½	3	111	56	115½	59
Coverings	150	300	—	—	150	300
Industrial Refuse ..	—	—	4,125	24,750	4,125	24,750
Miscellaneous	—	—	579	579	579	579
Totals	3,499½	13,013	4,815	25,385	8,314½	38,398

Below I include Cost Statement 1953–54 and Operational Statistics, as furnished to the Ministry of Housing and Local Government.

TABLE 5

Cost Statement 1953–54

Item	Particulars	Collection	Disposal	Totals	Percentage of total gross expenditure
	REVENUE ACCOUNT	£	£	£	%
1.	GROSS EXPENDITURE:				
	(i) Labour	7,210	1,543	8,753	50
	(ii) Transport	3,525	2,665	6,190	36
	(iii) Plant, equipment, land and buildings ..	1,637	766	2,403	14
	(iv) Other Items	2	12	14	—
	(v) Total gross expenditure	12,374	4,986	17,360	100
2.	GROSS INCOME (including £1,478 received from other local authorities) ..	129	2,924	3,053	—
3.	NET COST	12,245	2,062	14,307	—
4.	Capital expenditure met from revenue (included above) ..	—	—	—	—
	UNIT COSTS	s. d.	s. d.	s. d.	
5.	Gross cost per ton, labour only	11 4	10	12 2	
6.	Gross cost per ton, transport only	5 7	1 5	7 0	
7.	Net cost (all expenditure) per ton	19 3	1 1	20 4	
		£	£	£	
8.	Net cost per 1,000 population	364	61	425	
9.	Net cost per 1,000 premises	1,269	214	1,483	

Operational Statistics

10.	Area (statute acres)	1,871 acres
11.	Population at 30th June, 1953 (Registrar-General's Estimate)	33,600 persons
12.	Total refuse collected (tons)	12,710 tons

13. Weight (cwts.) per 1,000 population per day (365 days to year) .. .. 20.72 cwts.
14. Number of premises from which refuse is collected .. .. 9,650 premises
15. Premises from which daily collection is made Nil % of total
16. Average haul (miles) by **collection** vehicle to disposal point (single journey) .. .. 2 miles
17. Kerbside collection, if practised, expressed as estimated percentage of total collection .. 100%
18. Total refuse disposed of .. .. .. 37,873 tons
19. Salvage and Trade Refuse. Analysis of income and tonnage:—

	Income (Included in Item 2)	Tonnage Collected (Included in Item 12)
	£	Tons
Salvage:		
(a) Raw Kitchen Waste	1,478	360
(b) Waste Paper	1,342	162
Total	2,820	522
Trade Refuse	234	194 ..... "

Caravans and Moveable Dwellings

241 visits were made to various sites in the Borough, for inspection and on occasions, removal of caravans occupied by gypsies and other wanderers.

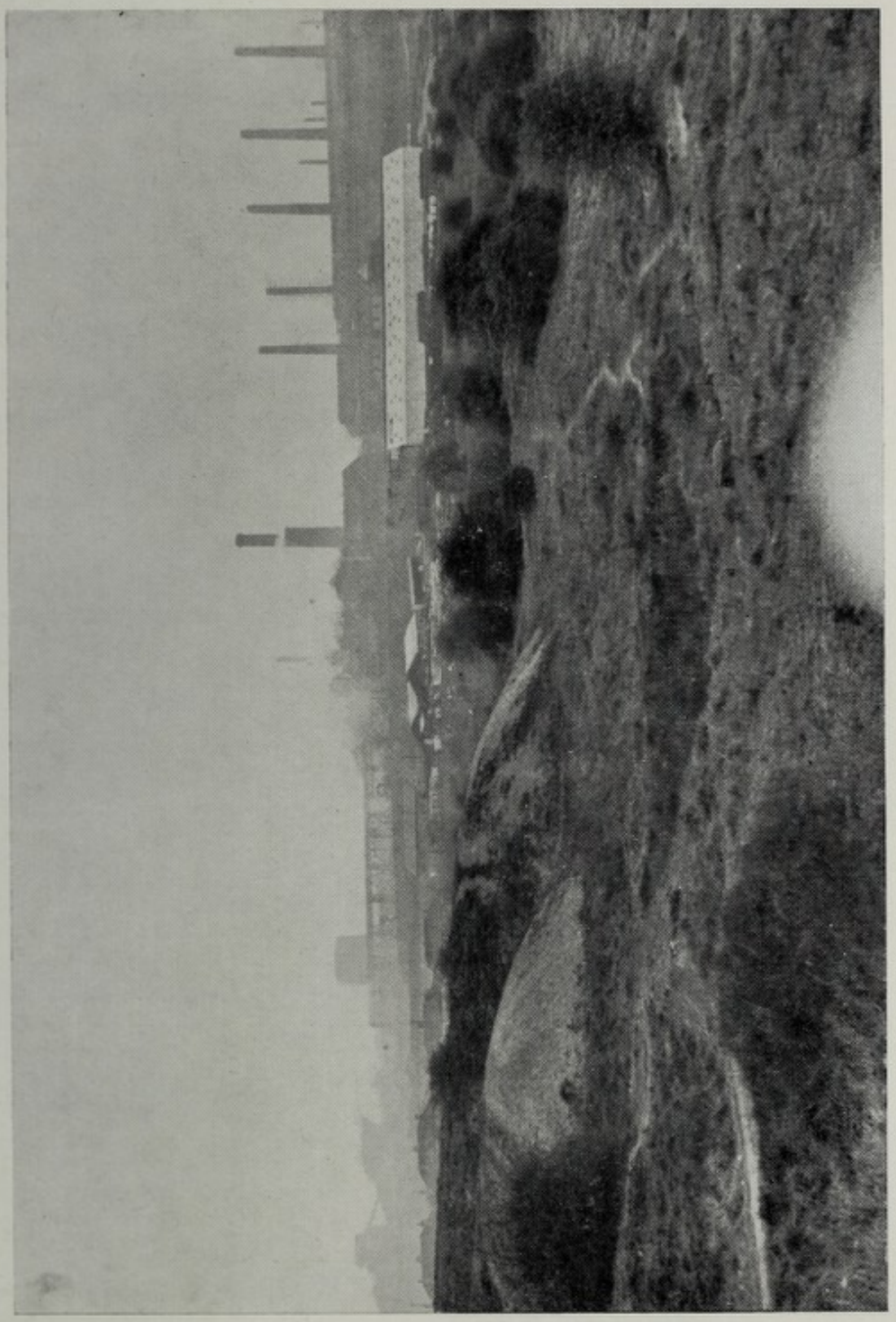
As the remaining land available for these trespassers is now almost wholly owned by the Corporation, the responsibility for removal of caravans was transferred to the Borough Surveyor in November, 1953.

Houses Let in Lodgings

The condition of a house let in lodgings in Bradley, has been brought to the notice of the Health Department, as a result of a quarrel between the landlord and his wife, in which the police had to intervene.

Investigation showed that one of the tenants kept their restricted space clean and tidy, but the landlord's quarters were filthy, and his wife and children neglected. It was found that he was in the habit of having his meals away from home, but he gave his wife no money, not even the rent, as the room was let in lodgings, and that his practice when at home was distinctly asocial. The N.S.P.C.C. prosecuted the man and his wife for neglect of the children. He was convicted and given a sentence of six months. She was placed under the care of the Probation Officer for two years. Since his departure, conditions in this house have improved considerably.

Another house let in lodgings in the centre of the town, is in an extremely dilapidated condition, it is, in fact, strictly speaking, unfit for human habitation, and the Council have decided to put a closing order on each part of the house, as and when it becomes vacant. All families occupying this house are on the Council's housing list.



Atmospheric Pollution

The extent of air pollution is measured by two deposit gauges which measure the dust deposits directly from the air, and washed in by the rain, by eleven lead peroxide cylinders which are so constructed as to measure the amount of sulphur dioxide which would be deposited on stone or brickwork, and by a volumetric sulphur dioxide recorder with smoke filter, which measures daily the amount of sulphur dioxide and smoke in the air.

Total solids are as follows:—

January	Park Site	36.16	tons per square mile
„	Dudley Street Site ..	26.28	„ „ „ „
February	Park Site	15.78	tons per square mile
„	Dudley Street Site ..	30.43	„ „ „ „
March	Park Site	27.46	tons per square mile
„	Dudley Street Site ..	101.98	„ „ „ „
April	Park Site	51.20	tons per square mile
„	Dudley Street Site ..	30.94	„ „ „ „
May	Park Site	25.66	tons per square mile
„	Dudley Street Site ..	28.01	„ „ „ „
June	Park Site	15.14	tons per square mile
„	Dudley Street Site ..	25.37	„ „ „ „
July	Park Site	18.65	tons per square mile
„	Dudley Street Site ..	34.49	„ „ „ „
August	Park Site	60.10	tons per square mile
„	Dudley Street Site ..	40.27	„ „ „ „
September	Park Site	25.29	tons per square mile
„	Dudley Street Site ..	15.00	„ „ „ „
October	Park Site	30.88	tons per square mile
„	Dudley Street Site ..	132.75	„ „ „ „
November	Park Site	89.31	tons per square mile
„	Dudley Street Site ..	41.65	„ „ „ „
December	Park Site	15.81	tons per square mile
„	Dudley Street Site ..	36.35	„ „ „ „

Monthly Extracts from the reading of the Daily Volumetric Recorder at 23, Wellington Road, Bilston

MONTH 1953	SO2			SMOKE		
	Average	Highest	Lowest	Average	Highest	Lowest
January ..	0.074	0.174	0.025	0.543	1.204	0.218
February ..	0.057	0.127	0.019	0.438	0.688	0.113
March ..	0.100	0.250	0.019	.0.481	0.766	0.241
April	0.053	0.089	0.036	0.147	0.214	0.083
May	0.054	0.198	0.024	0.158	0.723	0.052
June	0.044	0.093	0.022	0.129	0.289	0.038
July	0.043	0.112	0.020	0.122	0.230	0.066
August	0.043	0.099	0.017	0.149	0.251	0.035
September ..	0.047	0.079	0.019	0.121	0.220	0.041
October ..	0.066	0.171	0.22	0.201	0.592	0.087
November ..	0.048	0.100	0.018	0.235	0.401	0.096
December ..	0.036	0.139	0.011	0.293	1.376	0.164

Lead Peroxide Cylinders.

Mg. of SO3/day collected by 100 sq.cm. of Batch A. PbO_2

Month 1953	Library	Park	280, Wellington Road	Etting-shall Road	Bradley Vicarage	Moxley Hospital	Fire Station	Lunt Road Depot	4, Freeman Place	Centre Health Clinic	Tomhill Water-Works
January	1.89	1.75	1.52	1.93	1.93	1.87	2.45	2.05	1.24	1.85	0.68
February	1.73	1.62	1.48	1.78	1.50	1.60	3.10	2.11	1.58	1.93	0.64
March	2.48	1.84	2.21	2.24	2.43	2.50	4.09	2.17	2.03	2.45	1.24
April	1.32	1.31	1.29	1.35	1.18	1.07	1.92	1.37	1.18	1.64	0.51
May	1.04	1.02	1.25	1.10	0.85	2.27	1.25	1.08	0.81	1.36	0.48
June	1.18	0.88	0.92	1.11	1.12	1.14	1.56	1.53	0.77	1.23	0.48
July	0.62	0.66	0.68	0.74	0.52	0.84	0.86	1.06	0.47	0.91	0.19
August	0.83	0.59	0.29	0.53	0.32	0.87	1.76	1.28	0.52	1.79	0.14
September	1.29	1.00	1.22	1.11	1.15	1.32	1.95	0.91	2.63	3.26	0.28
October	2.63	1.60	2.13	1.71	2.30	2.27	4.83	3.37	1.91	3.51	0.51
November	1.51	1.59	1.53	1.31	1.73	1.63	2.66	1.81	1.61	3.11	0.33
December	2.33	2.05	2.21	2.31	2.12	1.93	1.76	2.88	1.97	1.99	0 67

It is difficult to apportion the blame for 'smog' between factories and houses, but it will be seen that pollution is considerably less in the summer months, when few people have fires, and it is, therefore, extremely probable that even in Bilston, most of the dirt in the air comes from the chimneys of individual houses.

Two outstanding cases of smoke pollution were noted from small factories. In one case the plant was adequate, but the stoker was inadequate. Efforts to educate him are still going on. In the other, a cupola was responsible for the pollution. Alteration to the plant by fitting a 'grit arrestor' was required, and I have good hopes that this may be accomplished in 1954.

F. FOOD HYGIENE

The Clean Food Guild which was started in 1949 has not met during the year. The response, in fact, to the idea of putting their own house in order, by the food traders in Bilston, has been small.

Shortly after I took up my duties in September, I was authorised by the Council to offer bacteriological testing to all food handlers. The response, as might have been expected, was small, and largely from the converted.

43 food handlers from 7 food preparing establishments, were tested during the last quarter of 1953. 7 were found to have staphylococcus aureus, coagulase-positive in the nose, and were advised to consult their own doctors. In all these premises, the standard of food handling was good and, therefore, though the infected persons were kept out of the way of food as far as possible, they were not excluded from work.

Valuable informal work on food hygiene is carried out by the Health Visitors of the Local Health Authority, both by word of mouth and by distribution of leaflets in homes and at the Welfare Centres. In a certain number of cases, food handlers listen to, and act upon the advice of the Sanitary Inspector. The managers and proprietors, as a rule, are willing to co-operate, providing the expenditure and time required is not large.

Meat and Food Inspection

Throughout 1953 the detailed inspection of meat and food has been carried out in most cases by the Senior Sanitary Inspector and the two Additional Sanitary Inspectors. One of the Additional Sanitary Inspectors, though automatically entitled to inspect meat and food, by virtue of his position as Sanitary Inspector, has not the Meat and Food Certificate of the Royal Sanitary Institute. It was decided by Dr. Haller, that in view of the shortage of staff, and the rather onerous nature of inspection in the slaughterhouses, that meat inspection should be shared between the three Inspectors. The Inspector concerned, justified the confidence placed in him, by detecting in June, a case of swine fever. The organs were inspected by the Inspector of the Ministry of Agriculture and Fisheries, the case was confirmed, and the carcase and organs were destroyed by fire.

Slaughter of pigs for human consumption during 1953, was carried out at three slaughterhouses. Messrs. J. E. Downs, Broad Street, Messrs. W. D. Warren, High Street, and Messrs. Allman & Son, Oxford Street. The heaviest killing is carried out at Messrs. J. E. Downs, and the inspection duties are extremely arduous. The carcase and organs were presented to the Inspector at a rate which necessitates precision and speed, and the risk to the Inspector's fingers is not small. It is also, of course, extremely tiring, but the rota system does distribute the work fairly, and the health of the Sanitary Inspectors does not appear to have suffered.

Carcases Inspected and Condemnations					
	Cattle, excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed	–	–	–	–	50,115
Number Inspected	–	–	–	–	50,115
All diseases except Tuberculosis. Whole carcases condemned ..	–	–	–	–	67
Carcases of which some part or organ was condemned	–	–	–	–	4.602
Percentage of the number inspected affected with disease other than tuberculosis	–	–	–	–	9.3
Tuberculosis only. Whole carcases condemned	–	–	–	–	51
Percentage of the number inspected affected with tuberculosis ..	–	–	–	–	4.78
Carcases of which some part or organ was condemned	–	–	–	–	2,346

The diseases or conditions causing the condemnation of fresh meat or organs are given as follows:—

	PIGS					
	Carcase and Organs	Heads and Collars	Lungs	Heart	Stomach and Intestines	Kidn
Acute Swine Erysipelas	5–51	—	—	—	—	—
Abscesses	—	20	—	—	—	—
Ascaris Lumbricoides	—	—	—	—	—	—
Abnormal Odour associated with Disease	90	—	—	—	—	—
Acute Metritis	2–2	—	—	—	—	—
Acute Septic Peritonitis	3–9	—	—	—	—	—
Blood Retention	—	—	3	—	—	—
Bruising	—	—	—	—	—	—
Chronic Nephritis	—	—	—	—	—	1
Cirrhosis	—	—	—	—	—	—
Congestion	—	—	96½	—	—	1
Contusion	—	—	—	—	—	—
Cystic	—	—	—	—	—	6½
Cysticercus Tenuicollis	—	—	3	—	—	—
Carcinoma	—	—	—	—	—	—
Echinocci	—	—	—	—	—	—
Emaciation	3–26¼	—	—	—	—	—
Fatty Degeneration	—	—	—	—	—	—
Fracture with Contusions	—	—	—	—	—	—
Febrile	54	—	—	—	—	—
Fevered	5–102	—	—	—	—	—
Granulation and Fatty Necrosis.. ..	—	—	—	—	—	—
Haematoma	—	—	—	—	—	—
Hydronephrosis	—	—	—	—	—	14½
Infarcts	—	—	—	—	—	—
Injury	1–48	—	—	—	—	—
Jaundice	1–77	—	—	—	—	—
Lobar Pneumonia	—	—	2–13–101½	—	—	—
Moribund	1–18–106	—	—	—	—	—
Pericarditis	—	—	—	1–13	—	—
Peritonitis	—	—	—	—	3–102	—
Pleurisy	—	—	12–93	—	—	—
Pyaemia	7–96	—	—	—	—	—
Swine Fever	91	—	—	—	—	—
Seedycut	—	—	—	—	—	—
Septicaemia	1–102	—	—	—	—	—
Strongylus Paradoxus	—	—	1–101	—	—	—
Suffocation	1–78	—	—	—	—	—
T. B. Generalised	3–13–106	—	—	—	—	—
T.B. Localised	—	12–4–35½	10–78½	—	4–19–3	—
Urticaria	—	—	—	—	—	—
Uraemia	75	—	—	—	—	—
TOTAL ..	7–9–105¼	12–4–55½	4–0–28½	1–13	5–2–105	23

f t	Liver	Spleen	Omentum	Udder	Parts of Carcase	Skin	TOTAL Tons	Cwts.	Lbs.
	—	—	—	—	—	—	—	5	51
	3	—	11½	2	1–15¾	—	—	1	52¼
	9–23	—	—	—	—	—	—	9	23½
	—	—	—	—	—	—	—	—	90
	—	—	—	—	—	—	—	2	2
	—	—	—	—	—	—	—	3	9
	4½	—	—	—	—	—	—	—	7½
	—	—	—	—	67	—	—	—	67
	—	—	—	—	—	—	—	—	1
	14–108½	—	—	—	—	—	—	14	108½
	—	—	—	—	—	—	—	—	97½
	—	—	—	—	51	—	—	—	51
	—	—	—	—	—	—	—	—	6½
	12	—	1½	—	—	—	—	—	16½
	6	—	—	—	—	—	—	—	6
	8–10	—	—	—	—	—	—	8	10
	—	—	—	—	—	—	—	3	26¼
	1–62	—	—	—	—	—	—	1	62
	—	—	—	—	8	—	—	—	8
	—	—	—	—	—	—	—	—	54
	—	—	—	—	—	—	—	5	102
	—	—	—	—	21	—	—	—	21
	—	17¾	—	—	—	—	—	—	17¾
	—	—	—	—	—	—	—	—	14½
	—	5	—	—	—	—	—	—	5
	—	—	—	—	—	—	—	1	48
	—	—	—	—	—	—	—	1	77
	—	—	—	—	—	—	2	13	101½
	—	—	—	—	—	—	1	18	106
	—	—	—	—	—	—	—	1	13
	12–4	15½	—	—	10	—	—	16	60
	—	—	—	—	—	—	—	12	93
	—	—	—	—	—	—	—	7	96
	—	—	—	—	—	—	—	—	91
	—	—	—	4	—	—	—	—	4
	—	—	—	—	—	—	—	1	102
	—	—	—	—	—	—	—	1	101
	—	—	—	—	—	—	—	1	78
	—	—	—	—	—	—	3	13	106
	1–3–55½	29	—	—	5–109½	—	19	3	87¼
	—	—	—	—	59½	36	—	—	95½
	—	—	—	—	—	—	—	—	75
	3–9–65	67¼	13	6	9–6	36	32	19	4

CARCASES AND ORGANS

Generalised T.B.	51	Injury	1
Septicaemia	1	Suffocation	1
Moribund	28	Sapraemia	1
Acute Swine Erysipelas ..	4	Jaundice	1
Pyaemia	8	Acute Metritis	1
Septic Peritonitis ..	3	Uraemia	1
Fevered	6	Abnormal odour associated with disease ..	1
Swine Fever	1		
Febrile	1		
Emaciation	7		
Bruising	1		

Total .. 118

Details of food examined, found to be unfit for human consumption and surrendered for destruction, are as follows:—

Food	Tons	Cwts.	Lbs.	Reason for Condemnation
Bananas	3	–	–	Purefaction and liquifaction
Bacon			17½	Decomposition
Bottle Goods ..			61¼	Unsealed and excessive mould
Butter			10	Rancid
Cheese			2¼	Mould
Chocolate and Sugar Confectionery ..			2½	Damaged by moisture
„			11	Moulds
„			30	Oil Contamination
„			2½	Soap Impregnation
Desiccated Coconut ..			21	Rancid
Dried Fruit		2	24	Moulds and Fermentation
Fruit			106	Moulds and Rotted
Ham			19½	Decomposition
Kippers			56	Decomposition
Poultry			5	Tuberculosis
Poultry			100	Decomposition
Rabbits		1	64	Decomposition
Tinned Goods ..		16	76½	Blown and Damaged Tins
Tomatoes			18	Bruised and Rotted
	4	4	87	
Fresh Meat	32	19	4	See Table
TOTAL	37	3	91	

Bakehouse and Other Food Premises

7 visits have been made to bakehouses and 107 inspections to other premises.

Milk

There are 144 licensed dealers selling sterilised milk, 12 selling sterilised and pasteurised milk, and 9 selling tuberculin tested milk.

Bread

Bread does not normally act as a carrier of communicable disease, since it is a poor medium for bacteria.

Occasionally, however, foreign material finds its way into the flour or dough. A case of this kind occurred towards the end of the year, when a loaf bought at a Bilston shop was found to contain the body of a mouse.

Investigation showed that the loaf was one of a batch from a bakery in a nearby town. When the bakery was inspected, it was found that the standard of hygiene and cleanliness was high, but that a delayed action poison, similar to D.D.T. was being used to keep down mice. Some of the large containers containing the dough, had been propped against the wall. The canvas cover over each container, has a central hole, and it was, therefore, probable that an ailing mouse had been able to scramble up the wall which was not smooth, on to the canvas cover, and had then fallen through the hole.

As this was unlikely to occur again, no action was taken against the baker, and there has been no further trouble from this quarter.

Ice-Cream

There are 87 premises selling ice-cream in the Borough. 85 of these being shops which sell ice-cream prepared by other people. Of the 2 remaining, 1 is a shop attached to a large ice-cream factory which sells its own product. The other uses the cold mix method, that is to say they make ice-cream that is partially prepared and heat treated by another producer beforehand.

56 shops were inspected and 65 samples of ice-cream were taken and submitted to the Public Health Laboratory, and the results were:—

Grade 1	45
Grade 2	18
Grade 3	2

Included in the 18 Grade 2 samples, are follow-up samples on the 2 Grade 3 samples, in other words no ice-cream was consistently unsatisfactory.

Street Food Vendors

5 street food vendors were licensed in the area.

Food Sampling

The sampling of milk and food under the Food and Drugs Act, 1938, is undertaken by the County Council who are the Food and Drugs Authority under the Act. Dr. G. Ramage, the County Medical Officer of Health, has kindly supplied the following details of samples taken throughout the year.

Milk

Milk Pasteurised	17	
Milk Sterilised	20	
Milk T.T.	1	
Milk T.T. Pasteurised	18	
Milk Channel Island	1	
Total	57	All Genuine

General Foods

Number of samples taken	32	All Genuine

Classification of General Foods

Castor Sugar
Tea (2 samples)
Parsley Thyme and Lemon Forcemeat
Ground Almonds
Chicory
Compound Cooking Fat
Irish Beef Stew
Ice Lollipops (2 samples)
Ice Lollies
Desiccated Coconut
Luncheon Meat
Peppermints
Coconut Square
Stewed Steak
Baked Beans in Tomato Sauce
Golden Syrup
Malt Vinegar
Orange Curd
Pork Sausage
Olive Oil
Sweet Cucumber
Glace Cherries
Scotch Whisky
Neapolitans
Icing Sugar
Tomato Creme Soup
Pilchards in Tomato Sauce
White Pepper
Cut Mixed Peel
Rhubarb

Food Preparing Premises

Food shops and food preparing premises in Bilston can be classified as follows:—

Grocers, greengrocers and general shops	196
Food shops with catering establishments attached	12
Other catering establishments (including works' canteens and premises of the school meals service)	45
Fried fish shops	17
Butchers shops	33
Fish shops	5
	308

The general hygiene and standard of food handling varies considerably. In a few it is very good, in a few it is very bad, in the rest it appears good to the casual glance, but signs of carelessness appear from time to time. For example, in one bakers and confectioners shop which appears at first sight, fairly clean, the assistant was found to be suffering from a 'streaming' cold. The customers were thus exposed to a double risk of respiratory infection and staphylococcal food poisoning.

No cases of food poisoning have been confirmed during the year, but there was a good deal of vague enteritis, and I feel that in some cases this may be due to food infection, either in shop or home.

G. HEALTH EDUCATION

Individual health education is carried out by all health workers and medical practitioners. In the first instance it is for advice that one turns to the doctor or nurse, and much of the time of the Sanitary Inspector is spent in advising. Health education in a more organised character is carried out by the Local Education Authority, the Local Health Authority, the Bilston Road Safety Committee, Bilston Home Safety Committee, the factory Safety Committees and by Bilston Borough Council.

Local Education Authority

Hygiene and health plays a part in the normal education scheme. In the Infants' School, the children are taught tidiness, cleanliness, and the cardinal rules of washing their hands after using the toilet, and before meals. Much attention is also given to road safety, and curb drill is instilled into the children as thoroughly as possible.

Posters and placards on road safety, home safety and care of the teeth, are displayed in most schools. In many of the Senior Schools, part of the curriculum is given over to lessons and talks on hygiene.

As mentioned above, the work of the School Medical Officer and School Nurses is largely educational, as is some part of the work of the various specialists, medical and otherwise, employed in the School Health Service.

The value of immunisation is stressed by the School Nurses and by poster displays in the School Clinic, and the response in the schools to invitation of immunisation, is quite good.

Local Health Authority

The Health Visitors use the leaflets of the Central Council for Health Education and the Ministry of Health, usually to aid them in their work in personal health education.

The birthday card is now being used again, as in most Authorities, birthday cards are sent on the first birthday, and the one used at present deals mainly with diphtheria immunisation. Posters on breast feeding, home safety, road safety, infectious diseases and diphtheria immunisation, are displayed in the Centre Health Clinic, the posters being changed at intervals.

There is also a weekly mothercraft class.

Bilston Road Safety Committee

This works mainly through the schools and youth clubs, by such means as poster competitions for schoolchildren, road safety quizzes, cycling proficiency tests and occasional cinema publicity.

During the year an excellent brochure on road safety was produced for the Committee by a firm of advertising contractors, and this has been distributed to the schools, the Public Library and the advertisers.

Bilston Home Safety Committee

The formation of a committee had been under discussion for 12 to 14 months to November, 1953, but the committee was not formed until that date. A meeting was held of all interested organisations on the 11th November, the Honorary Road Safety Organiser was elected Secretary, and the Medical Officer of Health was elected Chairman. The meeting was then addressed by Mrs. Duncan, Home Safety Organiser of the Royal Society for the Prevention of Accidents.

A further meeting of the Committee was held on the 9th December, and it was decided to direct attention in the first instance, to the problem of injuries from burns and scalds, and it was arranged to distribute copies of the Royal Society's general leaflet on the prevention of home accidents.

Bilston Borough Council

The offer to shopkeepers of bacteriological testing of their staffs, while it did not have the response hoped for, was most useful in giving publicity to the question of food hygiene. In particular, I welcomed the indignant interviews given to the press by certain shopkeepers, because I felt that readers of the newspaper would as a result, think the matter out for themselves, and come to their own decision.

There also arose out of this, a talk by myself to the Bilston Butchers' Association, on food hygiene, which I think has led to a much greater spirit of co-operation between the Health Department and the butchers of the town.

Since there is a fairly constant stream of callers at the enquiry window in the Health Department office, I felt that a notice board might be worthwhile. A large notice board was therefore placed next to the enquiry window, with a small lath letter rack at the bottom. Posters on various subjects are displayed on the board, and leaflets are placed in the rack below. It is interesting to note that the leaflet which appears to be in most demand is the Central Council for Health Education's leaflet on elderly people. Posters are also displayed in the Public Library and on the notice board outside the Town Hall.

The question of a periodic news letter on health matters, was put to the Health Committee in October, and referred to the Finance and General Purposes Committee. The Finance and General Purposes Committee thought that this might appear to publicise only the activities of the Health Department, though that was not, of course, the intention. It was decided that there should be a series of news letters or bulletins, and that on health should either be the first of the series, or form a part of the omnibus publication on each occasion. The draft was submitted to the Finance and General Purposes Committee in November, and the Chairman of the Finance and General Purposes Committee and the Chairman of the Health Committee, were requested to assist in the editing of the publication. The draft given below is that produced as a result of their help and guidance.

"BILSTON'S TWO HEALTH SERVICES

Two Health Services work together in Bilston. The County Council run a personal Health Service—baby clinics, clinics for mothers expecting babies, clinics for school children, help to sick people, mothers and old people in their homes, etc. Full details are given in Staffordshire County Council's 'Guide to County Services', copies of which can be obtained from the Centre Health Clinic.

The Borough Council service guards Community Health. It tries to give Bilston safe air, safe water, safe food and safe homes. The work is carried out by the Medical Officer of Health, helped by Sanitary Inspectors and Clerks.

SMOG

SAFE AIR

Dirty air is quite a problem in Bilston. The dirt comes from chimneys of private houses and from factories. Dust and sulphur are the dangers in each case. Dust damages the eyes, nose, throat and lungs, helping to cause 'pink eye', colds, bronchitis, and possibly lung cancer. About thirty tons per square mile came down on Bilston in January last year and in July last year about 26½ tons came down per square mile.

Sulphur is even more dangerous; in the air it at first forms sulphur dioxide, a poisonous gas, and then vitriol (sulphuric acid). It is mainly the sulphur deposited on the walls of buildings which is changed into acid, and this accounts for the eating away of stone and brickwork in Bilston. When there is heavy mist, the blanket of moisture both prevents sulphur and dust escaping into the upper air, by acting as a lid over the town, and

absorbs the sulphur and dust into itself forming fog. During a fog one is bound to breathe in vitriol and dust. It was for this reason that the so called smog mask was suggested for periods of heavy fog. Smog masks are only stop gaps, but are probably worth while. If covered by a scarf they should not be too noticeable.

Bilston was one of the first West Midland towns to start measuring the dirt in its air. This was mainly due to the energy and enthusiasm of Mr. Eric Sheldon, until lately the Chief Sanitary Inspector. By persuasion and advice the Health Department has, since the war, cleaned the air a good deal.

It is not possible to drive smoke producers by force of law to any extent. The smoke from a single private house is never heavy enough to be proved a danger to health, and it is only an offence to produce dirty smoke from factory chimneys if it can be proved beyond doubt that apparatus to clean the smoke would not either cripple the factory financially or reduce its efficiency.

The public can help the Council and the Health Department by using smokeless fuels such as anthracite, coalite or coke in their own grates, and by agitating for stronger laws on smoke prevention. Possible lines on which the Government might be pressed to work are:—

(1) They might insist that only fully trained stokers are employed in factories.

(2) They might insist that coal is sold to the factories at the same price as it is sold to the householder. A factory that produces smoke is using its coal inefficiently, and if coal were dearer the factory owners might be keener to reduce this waste.

(3) The Government might give grants to factory owners who instal smoke prevention equipment.

GERMS

TUBERCULOSIS

Everybody who lives in a town breathes in the germ of tuberculosis. Most get only a small patch at the edge of the lung which quickly heals and scars, but those whose health is poor become actual cases of tuberculosis. At the moment there are a little over 300 people with lungs damaged in this way in Bilston. The Borough Health Department, Hospitals, and the County Health Department, work together to try to bring them back to health. The Hospitals treat the disease, the County Health Department, acting with the family doctor, advises the patient in his own home. The Borough Health Department by advice to the Housing Committee, tries to see that those who are treated at home do not have to live in overcrowded or slum houses.

The X-ray unit which visited the town during November and December picked up several fresh cases of tuberculosis of the lungs. It will be visiting the town again this year and it would be wise for all who can to have their chest X-rayed. Cases picked up by Mass X-ray generally have to remain in hospital for a much shorter time than those who do not ask for treatment until they feel ill.

DIPHTHERIA

In a district next to Bilston, diphtheria is still a problem and there were over 50 cases in that district during 1953. There has only been one case in Bilston this year and there were none last year.

The County and the Borough again work together to fight this disease. The Medical Officer of Health of Bilston examines those who have mixed with the infected child, and tests their noses and throats for the germ. The County Council offers immunisation at the local clinic and through the family doctors. An immunised child is very unlikely to die from diphtheria and is unlikely to be left with a damaged heart or poisoned nerves. A Bilston child who caught diphtheria this year had been immunised when a baby and is recovering fast. To get full protection a child should be immunised when a baby, between four and five years before going to school, once again at nine years and again before leaving school at fifteen.

First things first, however. In Bilston only four out of every ten children under five years are immunised at all. The young child runs the greatest risk and every mother and father should seriously consider having their child immunised.

WHOOPING COUGH

There were 74 cases of whooping cough in Bilston during 1953 and 1 death. Whooping cough is a disease that is rather difficult to control, it is very infectious, yet it is not usually possible to find the germ in the noses and throats of people who have mixed with the sick child. All the doctor can do is to ask the child's mother to keep it away from brothers and sisters and other children. If the child is very ill it is removed to Moxley Hospital.

It is not so easy to immunise against whooping cough as against diphtheria. Whooping cough can be caused by two different germs. One always produces mild whooping cough; the other produces mild or severe whooping cough according to the health and strength of the child concerned. Immunisation which the County offers at the clinics is against the second form of whooping cough. It does not prevent a child getting whooping cough, any more than diphtheria immunisation prevents a child getting diphtheria, but it does nearly always prevent the very severe form of whooping cough which rips and scars the child's lungs, and either kills it or leaves it with severe bronchitis for the rest of its life.

SMALLPOX

This disease is one of the most infectious of all as Bilston well knows. If the Medical Officer of Health should come across a case of Smallpox in Bilston, he would very quickly have it removed to hospital and would seek out all possible contacts and seek to dissuade them from contact with their fellow men.

It is possible to have mild smallpox without recognising it and vaccination is, therefore, still the main defence. Smallpox is still a killing disease; a person vaccinated after contact may escape with his or her life, but may be left with a permanently scarred face. Vaccination is offered by the County through the family doctors, and every child ought to be vaccinated before the age of two years. It is better to be safe than sorry.

SAFE FOOD

The first way in which the Medical Officer of Health and his staff try to keep Bilston's food safe is obvious. People suffering from tuberculosis, diphtheria, etc. must not be allowed to work in food shops, cafes and snack bars, nor must people carry the germs of these diseases in their noses and throats. Similarly, people who carry dysentery or typhoid germs in their bowel cannot be allowed to work in food shops, lest in a moment of forgetfulness their hands become infected.

The commonest food poisoning, however, is due to the staphylococcus aureus. (This only means that the germ when seen under the microscope lies in clumps like bunches of grapes, and that when it is grown on a special jelly in a flat dish, it forms large clumps about the size of a pin head, which are golden in colour). Eight out of every ten town dwellers carry this germ in their noses and throats and in most cases they cause no trouble. Certain strains of the germ, however, produce a juice or poison. The germ multiplies itself very fast and if a few are coughed or sneezed on to food, and the food is then carried home and left in a fairly warm place, it has, after a few hours, several million staphylococci. These produce a large quantity of poison and if the food is then eaten, all who eat it are seized with severe cramps and violent vomiting. If the food is left for more than twenty-four hours the germ may produce enough poison to kill people eating them.

The Medical Officer of Health has asked the staffs of food shops if he may test their noses and throats for this germ. When it is found, the assistant concerned is kept out of the way of food for the time being and attends his or her own doctor for treatment. The germ is almost always present in people with a heavy cold and it is better for such people to stay away from food shops until cured, than to wait for the laboratory to test their germs for poison. Where the food is covered and the assistant's hands are clean, and the customers are not allowed to handle food before it is bought, the risk is slight, even if there is a nose in the shop carrying poisonous staphylococci. The Health Department concentrates on these points and the customers should do the same. So far as is possible, all raw food is inspected and all pigs killed in the Borough are inspected at the two slaughterhouses. The danger from the pig is that it may be infested by worms, it may have tuberculosis or pneumonia, or enteric fever. The bodies of pigs found to be infected or infested in this way are not allowed to be sold.

SAFE WATER

The Borough took the most important step towards this many years ago, by laying on its own water supply. The Borough Engineer keeps a close watch on purity of the water and the Health Department sample it periodically to make sure it is safe and wholesome.

The Medical Officer of Health personally inspects the Waterworks at intervals and keeps a check on the health of the staff. As a second check, it is chlorinated before it leaves the Waterworks and there is very little likelihood of cholera or typhoid arising in Bilston from the water supply.

SAFE HOMES

SLUM HOUSES

The Medical Officer of Health keeps a record of all the houses in Bilston that are unfit for human habitation. Since a slum house is better than no house at all, it would not help the health of Bilston's people to knock these houses down and leave it at that. So far as possible, the worst are knocked down first and the people living there are given a decent Council house to live in. There are nearly 2,000 of these houses so it will be some years before they are all knocked down. An overcrowded house is just as unhealthy as a damp and airless one and houses must therefore be given to people who are living in houses which are overcrowded but are otherwise decent.

In the meantime, the Health Department tries to see that all houses in the town are kept in good repair, but where gentle reminders fail, the Council takes legal action. From the records it does seem that as a result of this and other measures, the town's health is improved.

HOME ACCIDENTS

Accidents cause as much ill health as do infectious diseases and the Health Department is just as keen to prevent accidents as to prevent diseases. Accidents in the home cause more deaths than do road accidents, and there are many thousands of such deaths during the year. During 1952 there were 4,686 deaths from accidents in the home. 848 occurring in children under fifteen. There were only 4,452 road deaths.

The injuries are usually burns and scalds and falls, and it is the very young and the very old who are usually hurt. This is a matter which can only really be tackled by the families themselves. The Health Department is trying to keep a record of all home accidents and would like to be notified of any which you may come across. The Medical Officer of Health is also Chairman of the Bilston Home Safety Committee which is looking into the cause of accidents in Bilston and will try to keep the need for care in the home alive in the mind.

> These remarks do not describe the whole of the work of the Health Department, but only certain matters which have given rise to discussion recently. Government in these days becomes more and more complicated. It can now only be successful if each individual in each society is interested in what is going on and is ready to help his fellow men in looking after it.
>
> Without good health no society can achieve all its desires, and everyone who lives in Bilston is asked to play his part, large or small, in the struggle towards a healthy community."

The press have been very helpful and have printed advice on food hygiene and on home accidents. A short article by me, on Home Safety, was also inserted in the Road Safety Brochure mentioned above. The Cinemas have also co-operated, and the film 'Fiery Accidents' was shown at certain of the town's cinemas in October.

As in most areas, the workers concerned with children, ill treated or neglected in their own homes, meet periodically as a Committee, and the Area Medical Officer, Dr. A. H. Kynaston, is the Chairman of this Committee. Dr. Kynaston invited me to address the Committee on home safety and I did so on the 9th December. This was undoubtedly preaching to the converted, since these workers deal with a class in which home accidents are most common, and are the people who do most towards their prevention. I was, however, able to give them a few facts and figures which could be used as ammunition, and to show them the new safety pill box which cannot be opened by a child under five.

Education in accident prevention would be greatly helped by more information. I feel that all preventable diseases or injuries should be notified; it does not matter whether all accidents are notified to the police or to the Medical Officer of Health, but they should be notified to one or the other, so that the picture of each area can be seen in all its blackness, and attention directed to the blackest parts first.

CONCLUSION

1953 has not been a year of spectacular progress in improvement of the Public Health, but it has not been a year of defeat. We are holding our own and shall continue to hold our own in the coming years, and to go forward.

I should like to take this opportunity of thanking you Mr. Mayor, and the members of the Council, for their advice and guidance given to me, and to Dr. Haller before me, throughout the year. I should particularly like to thank the Chairman of the Health Committee for his help and counsel, and understanding at all times.

I must also place on record that the work of the Health Department has obviously owed a great deal to Mr. Eric Sheldon in the past, and that his illness and retirement is undoubtedly a great loss to the Council and to the town.

My thanks are due to the Senior Sanitary Inspector who has been responsible for the collection of a great deal of the material for this report, to the Sanitary Inspectors and clerical staff, and to the other members of the staff of the Health Department, for their strenuous and devoted work throughout the year.

The idea of the loss of expected years of life, used in the section on statistics, is taken from an article in the Monthly Bulletin of the Ministry of Health, December 1953, by W. P. D. Logan, M.D., P.H.D., D.P.H., Chief Medical Statistician and B. Benjamin, B.Sc., F.I.A., Statistician, General Register Office, and I must acknowledge my debt to it.

I have the honour to be,

Mr. Mayor, Madam and Gentlemen,

Your obedient servant,

D. A. SMYTH,
Medical Officer of Health.

31st May, 1954.